

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

**Attorney Docket Number**

9257

**First Named Inventor**

ROBERT A. SUTHERLAND ET AL

**COMPLETE IF KNOWN**

**Application Number**

/

**Filing Date**

**Group Art Unit**

**Examiner Name**

☐ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OPTICAL CONVERTER FLEX ASSEMBLIES

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

(Title of the Invention)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:  
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

**Application Number(s)**

**Filing Date (MM/DD/YYYY)**

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	3-12-2001	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar Code  
Label here

Name	Registration Number	Name	Registration Number
Bruce H. Johnsonbaugh	24,982		
John P. Wooldridge	38,725		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☒ Correspondence address below

Name	Bruce H. Johnsonbaugh				
Address	Eckhoff, Hoppe, Slick, Mitchell & Anderson				
Address	Four Embarcadero Center, Suite 760				
City	San Francisco	State	CA	ZIP	94111
Country	US	Telephone	415-391-7160	Fax	415-391-7164

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Robert A.	Sutherland

Inventor's Signature				Date	
Residence: City	State	Country	Citizenship		
Post Office Address					
Post Office Address					
City	State	ZIP	Country		

☒ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	James	Middle Initial	S.	Family Name	Sacks	Suffix	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Eric	Middle Initial	B.	Family Name	Grann	Suffix	
Inventor's Signature						Date	
Residence: City	San Ramon	State	CA	Country	US	Citizenship	US
Post Office Address	331 East Ridge Drive						
Post Office Address							
City	San Ramon	State	CA	Zip	94583	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Kenneth	Middle Initial	R.	Family Name	Herrity	Suffix	
Inventor's Signature						Date	
Residence: City	Milpitas	State	CA	Country	US	Citizenship	US
Post Office Address	120 Dixon Landing Road, #161						
Post Office Address							
City	Milpitas	State	CA	Zip	95035	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Jeffrey	Middle Initial	A.	Family Name	Griffis	Suffix	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

Please type a plus sign (+) inside this box → ☐

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# DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Frank	Middle Initial	W.	Family Name	Jacobson	Suffix e.g. Jr.	Jr.
Inventor's Signature						Date	
Residence: City			State		Country		
Post Office Address							
Post Office Address							
City			State		Zip		Country
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature						Date	
Residence: City			State		Country		
Post Office Address							
Post Office Address							
City			State		Zip		Country
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature						Date	
Residence: City			State		Country		
Post Office Address							
Post Office Address							
City			State		Zip		Country
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature						Date	
Residence: City			State		Country		
Post Office Address							
Post Office Address							
City			State		Zip		Country
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature						Date	
Residence: City			State		Country		
Post Office Address							
Post Office Address							
City			State		Zip		Country
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							